

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2011	
NAME OF PROVIDER OR SUPPLIER LINCOLN HILLS OF NEW ALBANY				STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150			
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F0000	<p>This visit was for Investigation of Complaint IN00092081.</p> <p>Complaint IN00092081 - Substantiated. Federal/state deficiencies related to the allegations are cited at F241.</p> <p>Unrelated deficiency cited.</p> <p>Survey dates: 7/15, 7/17, and 7/18/11</p> <p>Facility number: 000321 Provider number: 155614 AIM number: 100286130</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 6 SNF/NF: 125 Total: 131</p> <p>Census payor type: Medicare: 22 Medicaid: 90 Other: 19 Total: 131</p> <p>Sample: 11</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For purpose of any allegation that the facility is not in substantial compliance with federal requirements of participation, the response and plan of correction constitutes Lincoln Hills Health Center's allegation of compliance in accordance with Section 7305 in the State Operations Manual.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0241 SS=E	<p>Quality review 7/22/11 by Suzanne Williams, RN The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review, and interview, the facility failed to ensure timely response to residents' call lights with staff and equipment available for assistance with toileting and retiring to bed in the evening. Residents reported discomfort and incontinent episodes as a result of the deficient practice. The deficient practice affected 6 of 8 residents/families observed and/or interviewed related to response to call lights in a sample of 11. (Residents O, U, N, S, Q, and W)</p> <p>Findings include:</p> <p>1. During confidential interview on 7/17/11, in regard to timeliness of care in response to call lights, Resident O indicated sometimes the response time was good and sometimes not. Resident O indicated a Hoyer lift with the assistance of two staff was required for transfer to and from bed and for toileting. Resident O indicated staff was very busy in the evening around supertime, and the resident indicated inability to get assistance into bed when tired in the</p>			F0241	<p>The facility does promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. It should be noted that the scheduled resident to staff ratio remains consistent. Resident O, U, N, S, Q and W were not identified due to confidentiality. All residents have the potential to be affected by the alleged deficient practice. All staff were inserviced regarding resident's needs and dignity, specifically timely response to resident's call lights. During daily rounds, Nursing Managers will monitor compliance of timely response to call lights. Results will be reported to the DON weekly. DON will ensure additional training and/or counseling is provided as necessary. Twenty residents will be interviewed weekly regarding timely response to call lights. Results will be reported to the DON. DON will ensure additional training and/or counseling is provided as necessary. A summary of the findings will be reported to the QA Committee quarterly until such</p>		08/17/2011

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	evening. 2. During confidential interview on 7/17/11, in regard to timeliness of care in response to call lights, Resident U indicated a Hoyer lift was required for transfer for toileting. Resident U indicated an incontinent accident had once occurred "because they didn't come to help." 3. During confidential interview on 7/17/11, in regard to timeliness of care in response to call lights, Resident N indicated a Hoyer lift was required for transfer to bed and for toileting. Resident N indicated when staff is sent home for "budgeting" in the evening, not enough staff is available for help to the bathroom and bed after supper, when many residents need to use the bathroom. Resident N indicated the preference to relax watching TV in bed after supper, due to tiredness from sitting in a wheel chair during the day. Resident N indicated the facility did not seem to have enough Hoyer lifts to accommodate all residents requiring the use of the Hoyer for transfer. Resident N indicated experiencing an episode of incontinence about three months ago when staff did not answer the call light to assist for toileting. Resident N indicated waiting as long as possible to have a bowel movement.				time that the committee deems a reduction is warranted. DON and Administrator to monitor.		

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	<p>Resident N indicated the aide asked, "You didn't do it in the bed did you?" to which the resident indicated the reply, "Where else am I gonna do it?"</p> <p>4. During confidential interview on 7/18/11, in regard to timeliness of care in response to call lights, Resident S indicated the 2:00 p.m. to 10:00 p.m. shift is a problem for call lights, especially at supertime when staff are busy in the dining room. Resident S indicated needing the assistance of two staff for transfer with the Hoyer lift.</p> <p>5. During confidential family interview on 7/15/11, a family member indicated overhearing the spouse of the resident across the hall being told by an aide, "[Name of Resident W] better not need to go the bathroom - we have to stay in the dining room."</p> <p>6. During observation on 7/17/11 at 4:45 p.m., Resident U's call light above the door was observed to be lit. Resident U was seated in her room in her wheel chair. During interview at this time, she indicated she had "been waiting since 4:30 to pee - one [staff person] came, but wasn't able to help." The resident indicated the Hoyer lift "wouldn't work - she [the CNA] had to plug it in - she's across the hall working with somebody</p>						

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	<p>else right now." When CNA #6 entered, she indicated two staff were needed to use the Hoyer lift. She indicated the battery of the lift on this wing of the building needed to be charged, and she would go to the other wing to see if she could use their lift. When CNA #6 returned with a functioning lift, she indicated she would, "go get [name of CNA#14] real quick." At 5:05 p.m., CNAs #6 and #14 prepared to assist Resident U with toileting, 35 minutes after the resident indicated she had requested assistance.</p> <p>The CNA Assignment Sheet was provided during the Initial Tour by RN #13. Review of the assignments for Resident U indicated the resident was incontinent of bowel and bladder at times, required total assistance with activities of daily living, and transferred by Hoyer lift.</p> <p>7. During observation upon exiting Resident U's room on 7/17/11 at 5:05 p.m., Resident Q's call light above the door was observed to be lit. Resident Q was observed seated in a wheel chair with an alarm to alert staff to the resident's arising unassisted. During interview at this time, Resident Q indicated the need to use the bathroom, and that assistance was needed to get on and off the toilet seat. The call light remained on, and at 5:25 p.m., LPN #5 entered the room and</p>						

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F0323 SS=D	<p>assisted the resident to the bathroom, at least 20 minutes after the call light was first turned on.</p> <p>Review of the CNA Assignment Sheet for Resident Q indicated the resident was incontinent at times, required extensive assistance and supervision, used a wheel chair, and had an alarm at all times.</p> <p>The Roster/Matrix provided by the facility's owner as part of paperwork requested at the Entrance Conference on 7/15/11 at 5:40 a.m., indicated by yellow highlighting that interviewable residents included Residents O, U, N, and S.</p> <p>This federal tag is related to Complaint IN00092081.</p> <p>3.1-3(t)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review and interview, the facility failed to ensure supervision by two staff for assistance with use of the Hoyer lift for the resident's transfer for 3 of 5 residents reviewed/interviewed related to transfers by lift in a sample of 11 (Residents T, U, and S). During transfer by Hoyer with</p>			F0323	<p>The facility does ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Resident T sustained no injury related to the transfer procedure. CNA who transferred</p>		08/17/2011

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	<p>assistance of one staff, Resident T experienced a fall.</p> <p>Findings include:</p> <p>During confidential interview on 7/15/11, a family member indicated she heard "through the grapevine" a resident was dropped from the Hoyer lift recently, but she didn't know if that was true or not.</p> <p>During interview on 7/18/11 at 2:05 p.m., the Director of Nursing (DON) indicated she had been on vacation and was uncertain if a resident had been dropped from the Hoyer lift recently. She indicated she would check her files on incidents and accidents for further information.</p> <p>During interview on 7/18/11 at 2:55 p.m., the DON provided copy of documentation related to Resident T's fall from a Hoyer lift on 7/10/11. Review of the documentation included, but was not limited to, a counseling of CNA #18 related to use of the Hoyer lift without another staff assisting, inservice records indicating all aides were in process of being inserviced on use of the lift, and manufacturer's instructions related to use of the lift.</p> <p>1. The clinical record for Resident T was reviewed on 7/18/11 at 3:00 p.m.</p>				<p>Resident T on 7/10/11 has been counseled and educated regarding hoier lift transfer procedures. Residents U and S were not identified at the time of the survey due to confidentiality. Any resident transferred using the hoier lift has the potential to be affected. All nursing staff have been inserviced regarding hoier lift transfer procedures. During daily rounds, Nursing Managers will monitor compliance with hoier lift transfer procedure. Findings will be reported to the DON weekly. DON will ensure that additional training and/or counseling is provided as necessary. All interviewable residents that require a hoier lift transfer will be interviewed weekly regarding compliance with hoier lift transfer procedure. Results will be reported to the DON. DON will ensure that additional training and/or counseling is provided as necessary. A summary of the findings will be reported to the Quality Assurance Committee quarterly until such time that the committee deems a reduction is warranted. DON and Administrator to monitor.</p>		

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	<p>Nurse's Notes for 7/10/11 at 1:45 p.m. indicated, "CNA alerted staff to res's [resident's] room. res lying on floor (back) CNA stated while transferring res from G/C [geri-chair] [arrow pointing to right] bed [symbol for with] Hoyer lift. The legs of the Hoyer lift got stuck, causing the Hoyer lift to begin to tip resulting in res's back of shoulders hitting the bed & then to floor. Son in & entered room upon nurse assessment. [Symbol for no] abnormalities noted to head or [symbol for change] in ROM [range of motion] to exts [extremities]. res's unable to voice c/o's [complaints]. Son's wishes to send to [abbreviation for local hospital] ER [emergency room] for eval [evaluation]."</p> <p>Nurse's Notes on 7/10/11 at 2:30 p.m. indicated, "CNA re-educated to always have assist [symbol for with] transfers, prior to & during transfers."</p> <p>The resident's care plan indicated, "Problem/Need," with onset date of 1/7/11, indicated, "Potential for falls R/T [related to] resident exhibits poor trunk control with forward leaning. Severely impaired cognitive loss and lack of safety awareness." "Approaches" included, but were not limited to, "Hoyer lift with the assist of two for all transfers."</p>						

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	<p>The Roster/Matrix provided by the facility's owner as part of paperwork requested at the Entrance Conference on 7/15/11 at 5:40 a.m., indicated by yellow highlighting that the following residents interviewed confidentially were interviewable.</p> <p>2. During confidential interview on 7/17/11, in regard to transfers with the Hoyer lift, Resident U indicated she had been up with the Hoyer lift three times on this date. The resident indicated one staff person had assisted with the transfer by Hoyer each time. CNA #6 entered the room and indicated to the resident that two staff were required to use the Hoyer lift. The resident indicated two staff may be required "most of the time."</p> <p>The CNA Assignment Sheet was provided during the Initial Tour by RN #13. Review of the assignments for Resident U indicated the resident was incontinent of bowel and bladder at times, required total assistance with activities of daily living, and was transferred by Hoyer lift.</p> <p>3. During confidential interview on 7/18/11, Resident S indicated the need for transfer with the Hoyer lift. Resident S indicated fear related to use of the lift, especially when only one staff person was</p>						

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	<p>available to assist, which did sometimes happen when staff was busy. Resident S indicated first hand knowledge of the need for two assistants, since one time, when two were helping, the lift began to tip, and the second staff person was able to manage to get the resident into bed instead of on the floor.</p> <p>The CNA Assignment Sheet was provided during the Initial Tour by RN #13. Review of the assignments for Resident S indicated the resident was continent of bowel and bladder, required total care with activities of daily living, and was transferred by Hoyer lift.</p> <p>The facility's policy related to use of the Hoyer lift was provided on 7/18/11 at 4:00 p.m. by the DON. Review of the policy indicated, "Procedure...Request a second or third attendant to assist as needed....Have assistant place chair at head of bed about one foot from the bed....Have assistant lightly support the resident's legs as you move the lift and resident away from the bed. Have second assistant support resident back and neck if very obese or paralyzed....Detach sling from swivel bar and have assistant help remove the sling...."</p> <p>During interview at the Exit Conference on 7/18/11 at 4:45 p.m., when the transfer</p>						

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	by one staff was identified as a concern, the Director of Nursing looked at the Administrator and indicated, "They [residents] tell her but not us about one CNA [instead of two CNAs transferring by Hoyer lift]." 3.1-45(a)(2)						